

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-01</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01</i>		

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Gold Medallion Comprehensive SERFF Tr Num: AGNY-125502613 State: Arkansas
Business Aircraft Policy0347-0625-0032

TOI: 22.0 Aircraft	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 22.0000 Aircraft	Co Tr Num: AIC-08-AV-01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Monique Myers	Disposition Date: 03/05/2008
	Date Submitted: 02/26/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: Gold Medallion Comprehensive Business Aircraft Policy	Status of Filing in Domicile: Pending
Project Number: AIC-08-AV-01	Domicile Status Comments: Pending in all states.

Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A

Filing Status Changed: 03/05/2008

State Status Changed: 03/05/2008

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

The filing companies (the "Companies") have on file with your Department their Gold Medallion Comprehensive Business Aircraft Program (the "Program"). The Companies submit for your review and approval, six (6) additional forms to be attached to the Gold Medallion Comprehensive Business Aircraft Policy – Form No. GLD02 (1/05).

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-01</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01</i>		

Please refer to the attached Forms Listing for information about the forms included in this submission.

Company and Contact

Filing Contact Information

Monique Myers, Filings Analyst	Monique.Myers@AIG.com
175 Water Street	(212) 458-6346 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-5124990	

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

National Union Fire Insurance Company of Pittsburgh, Pa.	CoCode: 19445	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:

SERFF Tracking Number: AGNY-125502613 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-AV-01
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032
Project Name/Number: Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01

(212) 770-7000 ext. [Phone]

FEIN Number: 25-0687550

New Hampshire Insurance Company

CoCode: 23841

State of Domicile: Pennsylvania

70 Pine Street

Group Code:

Company Type:

New York, NY 10270

Group Name:

State ID Number:

(212) 770-7000 ext. [Phone]

FEIN Number: 02-0172170

The Insurance Company of the State of

CoCode: 19429

State of Domicile: Pennsylvania

Pennsylvania

Group Code:

Company Type:

70 Pine Street

Group Name:

State ID Number:

New York, NY 10270

(212) 770-7000 ext. [Phone]

FEIN Number: 13-5540698

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-01</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	02/26/2008	18164975
American International South Insurance Company	\$0.00	02/26/2008	
Commerce and Industry Insurance Company	\$0.00	02/26/2008	
Granite State Insurance Company	\$0.00	02/26/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	02/26/2008	
New Hampshire Insurance Company	\$0.00	02/26/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	02/26/2008	

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/05/2008	03/05/2008

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 03/05/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 04/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AGNY-125502613 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-01

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032

Project Name/Number: Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Submission of Contracts	Approved	Yes
Form	Non-Owned Aircraft Liability Amendatory Endorsement	Approved	Yes
Form	Finance/Lease Contract Endorsement	Approved	Yes
Form	Additional Insurance Company	Approved	Yes
Form	Limitation Endorsement	Approved	Yes
Form	Defense, Settlement and Supplementary Payments of Liability Claims Amendment Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125502613 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-01

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032

Project Name/Number: Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Submission of Contracts	GLD1046	09/07	Endorsement/Amendment/Conditions		0.00	GLD1046 (9-07).pdf
Approved	Non-Owned Aircraft Liability Amendatory Endorsement	GLD1047	10/07	Endorsement/Amendment/Conditions		0.00	GLD1047 (10-07).pdf
Approved	Finance/Lease Contract Endorsement	GLD1055	11/07	Endorsement/Amendment/Conditions		0.00	GLD1055 (11-07).pdf
Approved	Additional Insurance Company	GLD1056	12/07	Endorsement/Amendment/Conditions		0.00	GLD1056 (12-07).pdf
Approved	Limitation Endorsement	UE1057	01/08	Endorsement/Amendment/Conditions		0.00	UE1057 (1-08)2.pdf
Approved	Defense, Settlement and Supplementary Payments of Liability Claims Amendment Endorsement	GLD1058	01/08	Endorsement/Amendment/Conditions		0.00	GLD1058 (1-08).pdf

SUBMISSION OF CONTRACTS

This policy is amended as follows:

The **Named Insured** agrees to submit to the **Aviation Manager** as soon as possible after coming to the attention of your Risk Management and/or Insurance Department all contracts or agreements as referenced in Item 6. of the definition of **Insured Contract**.

The inadvertent failure of the **Named Insured** to submit such contracts or agreements shall not void any insurance as is provided under this policy provided that you advise us as soon as possible once the omission is first discovered.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

NON-OWNED AIRCRAFT LIABILITY AMENDATORY ENDORSEMENT

In consideration of _____ premium of \$ _____, this policy is amended as follows:

It is agreed that only with respect to **Coverage B: Liability for the use of Non Owned Aircraft and Temporary Substitute Aircraft** under **PART ONE - LIABILITY COVERAGES** in the **DECLARATIONS** the limit of liability is amended to:

Coverage B: Liability for the Use of Non-Owned Aircraft and Temporary Substitute Aircraft

\$ _____ Each **Occurrence**

Maximum Number of Seats: _____

Reporting Grace Period: _____ consecutive days

But only as respects: _____

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

GLD1047 (10/07)

FINANCE / LEASE CONTRACT ENDORSEMENT

It is noted that the Contract Party(ies) have an interest or interests in respect of the equipment under the contract(s). Accordingly, with respect to losses occurring during the period from the effective date until (i) the date and time at which the insurance expires or, if earlier, (ii) the date and time at which the Insured has no further obligation to insure the equipment under the contract(s), as notified in writing by the Designated Contract Party to the Company (via the appointed broker, if any) (such notification to be given promptly and in any event within 30 days after such date), and in consideration of the additional premium it is confirmed in respect of the said interest(s) of the Contract Parti(ies) that the insurance afforded by the policy is in full force and effect, and it is further agreed that the following provisions are specifically endorsed to the policy:

1. Under the **Physical Damage** and Aircraft Spares Insurances

- A) In respect of any claim on equipment that becomes payable on the basis of a **Total Loss**, settlement (net of any relevant policy deductible) shall be made to, or to the order of the Contract Party(ies). In respect of any other claim, settlement (net of any relevant policy deductible) shall be made with such party(ies) as may be necessary to repair the equipment unless otherwise agreed after consultation between us or the **Aviation Managers** and the **Named Insured** and, where necessary under the terms of the contract(s), the Contract Party(ies). Such payments shall only be made provided they are in compliance with all applicable laws and regulations.
- B) The Company shall be entitled to the benefit of salvage in respect of any property for which a claims settlement has been made.

2. Under the Legal Liability Insurance

- A) Subject to the provisions of this endorsement, the insurance shall operate in all respects as if a separate policy had been issued covering each party insured hereunder, but this provision shall not operate to include any claim howsoever arising in respect of loss or damage to the equipment insured under the **Physical Damage** or Spares Insurance of the **Named Insured**. Notwithstanding the foregoing the total liability of the Company in respect of any and all Insureds shall not exceed the limits of liability stated in the policy.
- B) The insurance provided hereunder shall be primary and without right of contribution from any other insurance which may be available to the Contract Party(ies).
- C) This endorsement does not provide coverage for the Contract Party(ies) with respect to claims arising out of their legal liability as manufacturer of, or performer of maintenance, repairs or other operational activities on, the equipment.

3. Under ALL Insurances

- A) The Contract Party(ies) are included as Additional **Insured(s)**.
- B) The cover afforded to each Contract Party by the policy in accordance with this endorsement shall not be invalidated by any act or omission (including misrepresentation and non-disclosure) of any other person or party which results in a breach of any term, condition or warranty of the policy PROVIDED THAT the Contract Party so protected has not caused, contributed to or knowingly condoned the said act or omission.
- C) Nevertheless, no Contract Party shall be entitled to claim a loss by theft or alleged theft of the equipment under the **Physical Damage** insurances by reason of the actual or alleged dispossession or refusal or failure to redeliver the equipment by the Insured or any other Contract Party, but this shall not exclude any claim by a Contract Party by reason of loss of or damage to the equipment (other than loss by such theft) during the period of this Endorsement.

- D) The provisions of this endorsement apply to each Contract Party(ies) solely in their capacity as financier(s) / lessor(s) or lease servicer or manager under the contract(s) and not in any other capacity. Knowledge that any Contract Party may have or acquire, or actions that it may take or fail to take in that other capacity (pursuant to any other contract or otherwise) shall not be considered as invalidating the cover afforded by this endorsement. For this purpose "lease servicer or manager" means a Contract Party who is appointed by one or more other Contract Party(ies) to provide services relating to equipment in connection with the contract(s) (other than services of a kind specified in paragraph 2 C) above)
- E) The Contract Party(ies) shall have no responsibility for premium and the Company shall waive any right of set-off or counterclaim against the Contract Party(ies) except in respect of outstanding premium in respect of the equipment.
- F) Upon payment of any loss or claim to or on behalf of any Contract Party(ies), the Company shall to the extent and in respect of such payment be thereupon subrogated to all legal and equitable rights of the Contract Party(ies) indemnified hereby (but not against any Contract Party). The Company shall not exercise such rights without the consent of those indemnified, such consent not to be unreasonably withheld. At the expense of the Company such Contract party(ies) shall do all things reasonably necessary to assist the Company to exercise said rights.
- G) Except in respect of any provision for cancellation or automatic termination specified in the policy or any endorsement thereof, cover provided by this endorsement may only be cancelled or materially altered in a manner adverse to the Contract Party(ies) by the Company giving not less than thirty (30) days notice in writing to the **Named Insured**. Contract Party(ies) (via the appointed broker, if any). Notice shall be deemed to commence from the date such notice is given by the Company. Such notice will NOT, however, be given at normal expiry date of the policy or any endorsement.

EXCEPT AS SPECIFICALLY VARIED OR PROVIDED BY THE TERMS OF THIS ENDORSEMENT:

1. The Contract Party(ies) are covered by the policy subject to all terms, conditions, limitations, warranties, exclusions and cancellation provisions thereof.
2. The policy shall not be varied by any provisions contained in the contract(s) which purport to serve as an endorsement or amendment to the policy.

SCHEDULE IDENTIFYING TERMS USED IN THIS ENDORSEMENT

1. Equipment (Specify details of any aircraft, engines or spares to be covered):

2. Policy Deductible applicable to **physical damage** to the equipment (insert all applicable policy deductibles):

3. A) Contract Party(ies):

B) In addition, in respect of Legal Liability Insurances the contracting parties are:

4. Contract(s):

and references in this endorsement to "the contract(s)" mean the contract(s) listed above, as amended or supplemental from time to time.

5. Designated Contract Party:

6. Effective Date (insert the date when the Contract Party(ies) acquire their interests in the equipment, or the policy renewal date, as applicable)

7. Additional Premium:

8. Appointed Broker:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

ADDITIONAL INSURED - COMPANY

This policy is amended as follows:

(Only the clause(s) indicated by an "X" shall apply.)

- ☐ Such insurance as is afforded by this policy shall also apply to the scheduled organization as an additional insured insofar as work performed by the Insured for and/or under agreement between the Insured and the scheduled organization is concerned.
- ☐ The scheduled organization shall not by reason of its inclusion as an additional insured incur liability to us for payment of premium for such insurance.
- ☐ Coverage is primary and is not contributing with any insurance or self-insurance maintained by the scheduled organization.
- ☐ The term "Insured" is used severally and not collectively, but the inclusion herein of more than one Insured shall not operate to increase the Limit of our Liability.
- ☐ This policy may not be canceled nor the coverage materially changed by us without thirty (30) days prior notice (10 days for non-payment of premium) of such cancellation or material change in coverage to the scheduled organization at the address indicated.
- ☐ With respect to **Physical Damage** Coverage, we agree to waive our rights of subrogation against the scheduled organization and its subsidiaries; provided, however, that this waiver shall not prejudice our right of recourse for damages arising from the design, manufacture, modification, repair, sale or servicing of the **aircraft** by the scheduled organization and its subsidiaries.

Schedule:

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

GLD1056 (12/07)

By  _____
(Authorized Representative)

LIMITATION ENDORSEMENT

This policy is amended as follows:

The provisions of Endorsement No. _____ shall apply only as respects _____

It is further agreed that:

1. The utilization of this endorsement shall at all times be in compliance with any State Amendatory Endorsement attached to this policy; and
2. Will not be used to delete any State Amendatory Endorsement attached to this policy.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

**DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF
LIABILITY CLAIMS AMENDMENT ENDORSEMENT**

This policy is amended as follows:

The **DEFENSE, SETTLEMENT AND SUPPLEMENTARY PAYMENTS OF LIABILITY CLAIMS** section of this policy is amended to include the following:

G) All **Family Assistance Expenses** that a spouse, children, brothers, sisters or parents of a **passenger** incur within one (1) year from the date of an accident involving the fatality of a **passenger** subject to the following:

1. The **aircraft** must have been used by you or with your permission when the accident occurred;
2. We will not pay more than \$ _____ per **passenger** per **occurrence**.

For the purpose of this endorsement **Family Assistance Expenses** means the reasonable and necessary costs of transporting a spouse, children, brothers, sisters or parents of a **passenger** to and from the accident site, lodging near the accident site and grief counseling.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of
Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By 
(Authorized Representative)

<i>SERFF Tracking Number:</i>	<i>AGNY-125502613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Home Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-AV-01</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032</i>		
<i>Project Name/Number:</i>	<i>Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *AGNY-125502613* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-01*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Gold Medallion Comprehensive Business Aircraft Policy0347-0625-0032*
Project Name/Number: *Gold Medallion Comprehensive Business Aircraft Policy /AIC-08-AV-01*

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/05/2008
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Comments:

Attachment:

P&C Transmittal Document - AR.pdf

Property & Casualty Transmittal Document

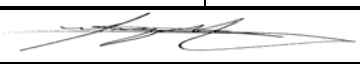
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Home Assurance Company	NY	012-19380	13-5124990
American International South Insurance Company	PA	012-40258	02-6008643
Commerce and Industry Insurance Company	NY	012-19410	13-1938623
Granite State Insurance Company	PA	012-23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	012-19445	25-0687550
New Hampshire Insurance Company	PA	012-23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	012-19429	13-5540698

5. Company Tracking Number	AIC-08-AV-01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Monique Myers	Filing Analyst	(212) 458-6346	(212)458-7077	Monique.Myers@aig.com
175 Water Street, 17 th Floor New York, NY 10038				
7. Signature of authorized filer				
8. Please print name of authorized filer		Monique Myers		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	22.0 Aircraft
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Gold Medallion Comprehensive Business Aircraft Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: April 1, 2008 Renewal: April 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	February 26, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-AV-01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The filing companies (the “Companies”) have on file with your Department their Gold Medallion Comprehensive Business Aircraft Program (the “Program”). The Companies submit for your review and approval, six (6) additional forms to be attached to the Gold Medallion Comprehensive Business Aircraft Policy – Form No. GLD02 (1/05).

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-AV-01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Submission of Contracts	GLD1046 (9/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Non-Owned Aircraft Liability Amendatory Endorsement	GLD1047 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Finance/Lease Contract Endorsement	GLD1055 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Additional Insured Company	GLD1056 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Limitation Endorsement	UE1057 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Defense, Settlement and Supplementary Payments of Liability Claims Amendment Endorsement	GLD1058 (1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		